

APPLICATION DATA SHEET

Application Information

Application Number::
Filing Date:: 10/07/03
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of Copies of CRF::
Title : SELF-MANAGED NETWORK ACCESS USING
LOCALIZED ACCESS MANAGEMENT
Attorney Docket Number:: 62922.2
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 7
Small Entity?:: Yes
Petition Included?:: No
Petition Type::
Licensed US Government Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Application?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship US
Country::
Status:: Full Capacity

Applicant Given Name:: Anthony
Middle Name:: C.
Family Name:: FASCENDA
Name Suffix::
City of Residence:: North Bethesda
State or Province of Residence:: Maryland
Country of Residence:: US
Street of Mailing Address Line One:: 11134 Stephalee Lane
Street of Mailing Address Line Two::
City of Mailing Address:: North Bethesda
State or Province of Mailing Address:: Maryland
Country of Mailing Address:: US
Postal or Zip Code:: 20582

Correspondence Information

Correspondence Customer No.: 21967
Name:: HUNTON & WILLIAMS LLP
Street of Mailing Address Line One:: 1900 K Street, N.W.
Street of Mailing Address Line Two:: Suite 1200
City of Mailing Address: Washington
State or Province of Mailing Address:: DC
Country of Mailing Address:: USA
Postal or Zip Code:: 20006-1109
Telephone Number:: (202) 955-1500
Facsimile Number:: (202) 778-2201

E-Mail Address::

tcoddigton@hunton.com

Representative Information

Representative Customer Number:: 21967

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
60/447,921	Provisional		
60/415,586	Provisional		
60/422,474	Provisional		

Foreign Priority Information

Country:	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::